

01/31/02

JC998 U.S. PTO

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02-05-02

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. CMB 0851-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY  
PATENT APPLICATION  
TRANSMITTAL

Attorney Docket No. 16869N-041500US

First Inventor

Nishimizu, Akira

Title

GAS INSULATION TRANSFORMER

Express Mail Label No.

EL525747910US

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning design patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)  
Applicant claims small entity status.  
See 37 CFR 1.27.
2. ☐ Specification [Total Pages 22]  
(preferred arrangement set forth below)  
- Descriptive title of the invention  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to sequence listing, a table, or a computer program listing appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C.113) [Total Sheets 4]  
5. Oath or Declaration/Power of Atty [Total Pages 4]  
a. ☒ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)  
i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.53(d)(2) and 1.38(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

## ADDRESS TO

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  
a. ☐ Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies); or  
ii. ☐ paper number of pages  
c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9. ☒ Assignment Papers (cover sheet & document(s))  
10. ☐ 37 C.F.R. §3.73(b) Statement of Power of Attorney (when there is an assignee)  
11. ☐ English Translation Document (if applicable)  
12. ☐ Information Disclosure Statement (IDS)/PTO-1449  
13. ☐ Preliminary Amendment  
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  
15. ☒ Certified Copy of Priority Document(s) (if foreign priority is claimed) (JP 2001-336181)  
16. ☐ Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent  
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No. \_\_\_\_\_ / . . . . .

Prior application information: Examiner \_\_\_\_\_

Group Art Unit: . . . . .

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 20350 or ☐ Correspondence address below  
(Insert Customer No. or Attach bar code label here)

Name

Address

City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)

Joe Liebeschuetz

Registration No. (Attorney/Agent)

37,505

Signature

Date

January 31, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231  
PA 3198778 v1

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** (\$) 1312

*Complete if Known*

|                      |                  |
|----------------------|------------------|
| Application Number   |                  |
| Filing Date          |                  |
| First Named Inventor | Nishimizu, Akira |
| Examiner Name        |                  |
| Group Art Unit       |                  |
| Attorney Docket No.  | 16869N-041500US  |

| METHOD OF PAYMENT  |              | 3. ADDITIONAL FEES  |                | FEE CALCULATION (continued)  |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
|--|--------------|---|----------------|--|----------------|-----------------|-------------|----------------|-------------|-----------------------|----------|--------------------|-------|-----------------------|-----|-------------------------------------|-------|---------------------|----|-----|----------------|--|-----|------------------|-----|-----|-----|---------------------------|-----|--------------------|-------|-----|-------|--|----|------------------------|------|---------------------|------|--|--|-----|----------------|-----|--------|---|--|-----|-----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|----|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------|--|--|--|--|--|--|--|--|--|--|--|-----------------------------------|--|--|--|--|--|---------------------|--|--|--|--|---------------|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Deposit Account Number: 20-1430</div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Deposit Account Name: Townsend and Townsend and Crew LLP</div> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br/> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>  |              | <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>   |                |  |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| FEE CALCULATION  |              |   |                |  |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity (\$)</th> <th>Small Fee Code</th> <th>Entity (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td>Utility filing fee</td> <td>740</td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>510</td> <td>207</td> <td>255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td><b>(\$740)</b></td> </tr> </tbody> </table> |              | Large Fee Code  | Entity (\$)    | Small Fee Code   | Entity (\$)    | Fee Description | Fee Paid    | 101            | 740         | 201                   | 370      | Utility filing fee | 740   | 106                   | 330 | 206                                 | 165   | Design filing fee   |    | 107 | 510            | 207  | 255 | Plant filing fee |     | 108 | 740 | 208                       | 370 | Reissue filing fee |       | 114 | 160   | 214                                    | 80 | Provisional filing fee |      | <b>SUBTOTAL (1)</b> |      |  |  |     | <b>(\$740)</b> |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| Large Fee Code   | Entity (\$)  | Small Fee Code  | Entity (\$)    | Fee Description  | Fee Paid       |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 101  | 740          | 201   | 370            | Utility filing fee   | 740            |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 106  | 330          | 206   | 165            | Design filing fee  |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 107  | 510          | 207   | 255            | Plant filing fee   |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 108  | 740          | 208   | 370            | Reissue filing fee   |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 114  | 160          | 214   | 80             | Provisional filing fee   |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| <b>SUBTOTAL (1)</b>  |              |   |                |  | <b>(\$740)</b> |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>12</td> <td>-20** = 0</td> <td>X \$18 =</td> <td>\$0</td> </tr> <tr> <td>Independent Claims: 6</td> <td>-3** = 3</td> <td>X \$84 =</td> <td>\$252</td> </tr> <tr> <td>Multiple Dependent: 1</td> <td></td> <td>X \$280 =</td> <td>\$280</td> </tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td><b>(\$532)</b></td> </tr> </tbody> </table>  |              | Total Claims  | Extra Claims   | Fee from below   | Fee Paid       | 12              | -20** = 0   | X \$18 =       | \$0         | Independent Claims: 6 | -3** = 3 | X \$84 =           | \$252 | Multiple Dependent: 1 |     | X \$280 =                           | \$280 | <b>SUBTOTAL (2)</b> |    |     | <b>(\$532)</b> |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| Total Claims   | Extra Claims | Fee from below  | Fee Paid       |  |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 12   | -20** = 0    | X \$18 =  | \$0            |  |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| Independent Claims: 6  | -3** = 3     | X \$84 =  | \$252          |  |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| Multiple Dependent: 1  |              | X \$280 =   | \$280          |  |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| <b>SUBTOTAL (2)</b>  |              |   | <b>(\$532)</b> |  |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| <p><b>Large Fee Code</b> <b>Entity (\$)</b> <b>Small Fee Code</b> <b>Entity (\$)</b> <b>Fee Description</b></p> <p>103 18 203 9 Claims in excess of 20</p> <p>102 84 202 42 Independent claims in excess of 3</p> <p>104 280 204 140 Multiple dependent claim, if not paid</p> <p>109 84 209 42 ** Reissue independent claims over original patent</p> <p>110 18 210 9 ** Reissue claims in excess of 20 and over original patent</p>  |              |   |                |  |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
|  |              | <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity (\$)</th> <th>Small Fee Code</th> <th>Entity (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>460</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,950</td> <td>228</td> <td>980</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>320</td> <td>219</td> <td>160</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>260</td> <td>221</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,280</td> <td>241</td> <td>640</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,280</td> <td>242</td> <td>640</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>460</td> <td>243</td> <td>230</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>620</td> <td>244</td> <td>310</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of information Disclosure Stmt</td> <td></td> </tr> <tr> <td>561</td> <td>40</td> <td>561</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>40</td> </tr> <tr> <td>146</td> <td>740</td> <td>246</td> <td>370</td> <td>Filing a submission after final rejection (37 CFR § 1.129(e))</td> <td></td> </tr> <tr> <td>149</td> <td>740</td> <td>249</td> <td>370</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>179</td> <td>740</td> <td>279</td> <td>370</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="6">Other fee (specify)</td> </tr> <tr> <td colspan="6">The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.</td> </tr> <tr> <td colspan="6">*Reduced by Basic Filing Fee Paid</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td><b>(\$40)</b></td> </tr> </tbody> </table> |                |  |                | Large Fee Code  | Entity (\$) | Small Fee Code | Entity (\$) | Fee Description       | Fee Paid | 105                | 130   | 205                   | 65  | Surcharge - late filing fee or oath |       | 127                 | 50 | 227 | 25             | Surcharge - late provisional filing fee or cover sheet |     | 139              | 130 | 139 | 130 | Non-English specification |     | 147                | 2,520 | 147 | 2,520 | For filing a request for reexamination |    | 112                    | 920* | 112                 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840*         | 113 | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 400 | 216 | 200 | Extension for reply within second month |  | 117 | 920 | 217 | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,950 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 260 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of information Disclosure Stmt |  | 561 | 40 | 561 | 40 | Recording each patent assignment per property (times number of properties) | 40 | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(e)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  |  |  | The Commissioner is authorized to charge any additional fees to the above noted Deposit Account. |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  |  | <b>(\$40)</b> |
| Large Fee Code   | Entity (\$)  | Small Fee Code  | Entity (\$)    | Fee Description  | Fee Paid       |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 105  | 130          | 205   | 65             | Surcharge - late filing fee or oath  |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 127  | 50           | 227   | 25             | Surcharge - late provisional filing fee or cover sheet                     |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 139  | 130          | 139   | 130            | Non-English specification  |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 147  | 2,520        | 147   | 2,520          | For filing a request for reexamination                                     |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 112  | 920*         | 112   | 920*           | Requesting publication of SIR prior to Examiner action                     |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 113  | 1,840*       | 113   | 1,840*         | Requesting publication of SIR after Examiner action                        |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 115  | 110          | 215   | 55             | Extension for reply within first month                                     |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 116  | 400          | 216   | 200            | Extension for reply within second month                                    |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 117  | 920          | 217   | 460            | Extension for reply within third month                                     |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 118  | 1,440        | 218   | 720            | Extension for reply within fourth month                                    |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 128  | 1,950        | 228   | 980            | Extension for reply within fifth month                                     |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 119  | 320          | 219   | 160            | Notice of Appeal   |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 120  | 320          | 220   | 160            | Filing a brief in support of an appeal                                     |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 121  | 260          | 221   | 140            | Request for oral hearing   |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 138  | 1,510        | 138   | 1,510          | Petition to institute a public use proceeding                              |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 140  | 110          | 240   | 55             | Petition to revive - unavoidable   |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 141  | 1,280        | 241   | 640            | Petition to revive - unintentional   |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 142  | 1,280        | 242   | 640            | Utility issue fee (or reissue)   |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 143  | 460          | 243   | 230            | Design issue fee   |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 144  | 620          | 244   | 310            | Plant issue fee  |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 122  | 130          | 122   | 130            | Petitions to the Commissioner  |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 123  | 50           | 123   | 50             | Petitions related to provisional applications                              |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 126  | 180          | 126   | 180            | Submission of information Disclosure Stmt                                  |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 561  | 40           | 561   | 40             | Recording each patent assignment per property (times number of properties) | 40             |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 146  | 740          | 246   | 370            | Filing a submission after final rejection (37 CFR § 1.129(e))              |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 149  | 740          | 249   | 370            | For each additional invention to be examined (37 CFR § 1.129(b))           |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 179  | 740          | 279   | 370            | Request for Continued Examination (RCE)                                    |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| 169  | 900          | 169   | 900            | Request for expedited examination of a design application                  |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| Other fee (specify)  |              |   |                |  |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.   |              |   |                |  |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| *Reduced by Basic Filing Fee Paid  |              |   |                |  |                |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |
| <b>SUBTOTAL (3)</b>  |              |   |                |  | <b>(\$40)</b>  |                 |             |                |             |                       |          |                    |       |                       |     |                                     |       |                     |    |     |                |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |                |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |               |

\*\*for number previously paid, if greater; For Reissues, see above

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|-------------------|------------------|-----------------------------------|------------------|
| Name (Print/Type) | Joe Liebeschuetz | Registration No. (Attorney/Agent) | 37,505           |
| Signature         |                  | Telephone                         | 650-326-2400     |
|                   |                  | Date                              | January 31, 2002 |

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